

Clinical Functioning of Children in CIS (Children's Intensive Services)

Background Information

This brief is the second in a 4-part series summarizing performance of Children's Intensive Services (CIS) during its first year of operation under the revised program certification standards (April 2004-March 2005). The CIS program provides family-focused, community-based services for children with severe emotional and behavioral disturbances who are at-risk for psychiatric hospitalization or out-of-home placement. The evaluation examines demographic and clinical characteristics, patterns of service delivery, and discharge outcomes for children in the program served statewide by nine certified CIS provider agencies. In this brief, we summarize clinical functioning information, generally and within specified problem areas, for the 2,606 children admitted to CIS under the revised program standards (*Note: children may have entered the program on more than one occasion during the 12-month period*). The first CIS brief summarized demographic and diagnostic information of children admitted to CIS. Subsequent briefs will summarize information on service delivery characteristics and program outcomes for children exiting CIS.

Modified Children's Global Assessment Scale

The Modified Children's Global Assessment of Functioning Scale (M-CGAS) was used to estimate how well a child functions overall, based on a single scale score ranging from 1 to 100 (lower scores indicating poorer day-to-day functioning).

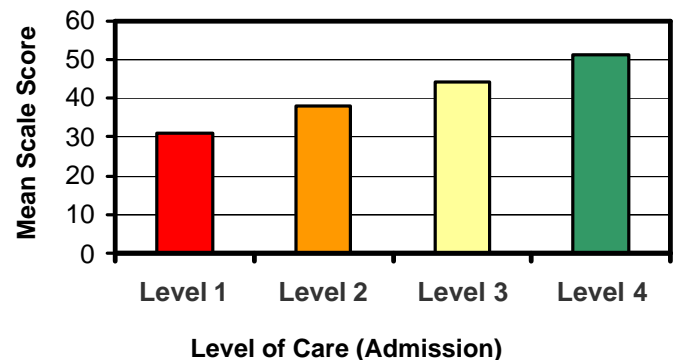
Scores on the M-CGAS at admission varied by level of care, with children in lower levels of care having scores indicating poorer functioning (see Figure 1). Children entering CIS at Level 1 (Crisis) had the lowest M-CGAS scores, with an average score of 31 (severe difficulties in multiple life contexts) and children at Level 4 (Maintenance) had the highest M-CGAS scores, with an average score of 51 (some difficulty in a single life context). Children at levels 2 (Standard) and 3 (Intermediate) had M-CGAS scores of 38 (moderate difficulty in many contexts or severe difficulty a single context) and 44 (variable difficulty), respectively.

Ohio Scales

The Ohio Problem and Functioning scales assess the severity of a child's psychiatric symptoms and how well a child functions in his or her daily activities. Both scales consist of 20 behavioral ratings. Higher scores on the Problem scale indicate more symptoms; lower scores on the Functioning scale indicate poorer functioning.

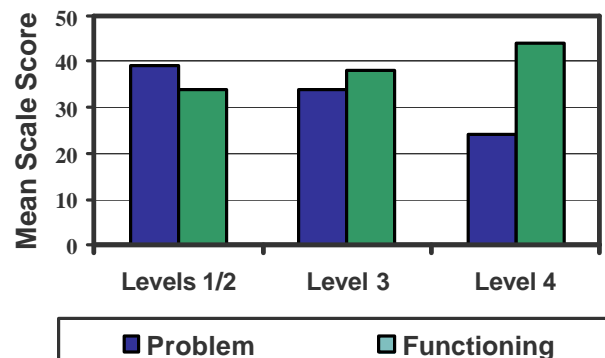
The average scores for the Problem Severity Index and Functioning Index were 34 (out of 100) and 38

Figure 1: M-CGAS by Level of Care



(out of 80), respectively. Both scores suggest a need for intensive mental health services. Again, scores varied by level of care (see Figure 2).

Figure 2: Ohio Scales by Level of Care

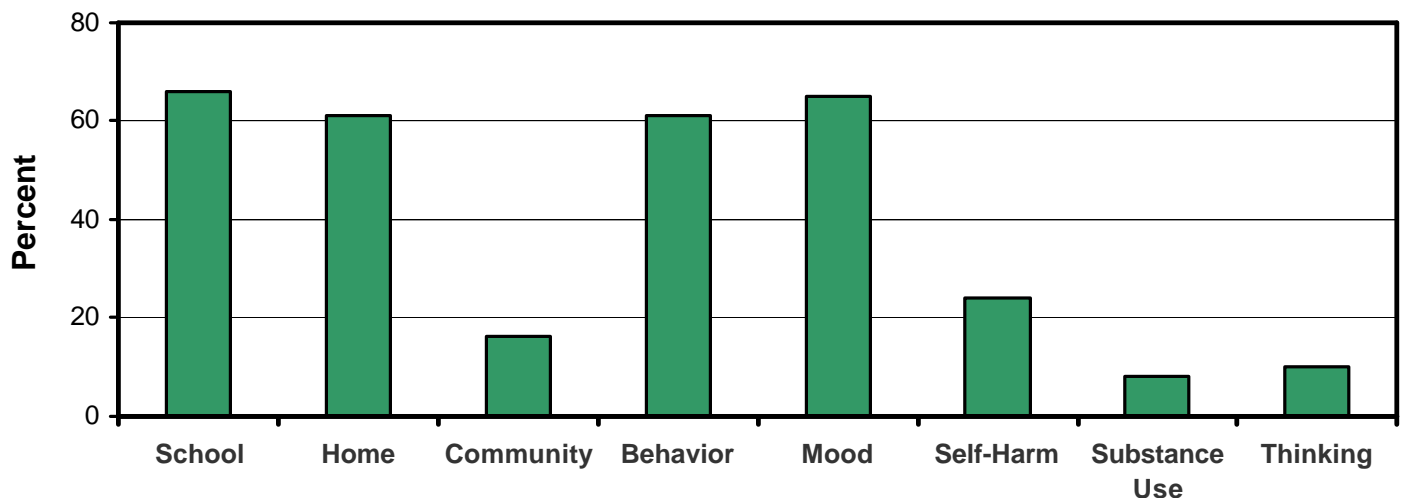


Child and Adolescent Functional Assessment Scale

Finally, providers submitted clinician ratings on the Child and Adolescent Functional Assessment Scale (CAFAS). The CAFAS was designed to measure a child's level of psychiatric impairment across eight life domains: school, home, community, behavior toward others, mood/emotion, self-harm, substance use, and thinking. For each domain, clinicians determine the degree of impairment demonstrated by the child or adolescent based on the following scale: severe (30 points), moderate (20 points), mild (10 points), and no or minimal impairment (0 points).

Eligibility for CAFAS completion was limited to children over the age of 7 at the time of admission who remained in care for at least 30 days. CAFAS data was available for approximately 57% of eligible children admitted to CIS at the time of these analyses. Figure 5 summarizes the percentage of children falling in the moderate to severe range (scores of 20 or 30) on each life domain. Results indicate significant impairment in school, home, behavior toward others, and regulation of moods and emotions was present for 60% to 65% of children admitted to CIS.

Figure 3: Percentage of Children in the Moderate/Severe Range on CAFAS Subscales



Summary

1. Clinician ratings suggest children admitted to CIS are demonstrating moderate to severe psychiatric symptoms and clinical impairment in their day-to-day activities. Accordingly, scores on clinical functioning measures indicate most children in CIS need intensive services.
2. Ratings suggest clinical impairment is particularly pronounced within home and school contexts, and most children have difficulty regulating their moods, emotions, and behavior towards others.
3. Scores on clinical scales vary by level of care. Children admitted to lower levels of care have more psychiatric symptoms and poorer daily functioning than children admitted to higher levels of care.